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09/966,391	09/28/2001		Paul W.	DeMone		88.485		-01001US1	6511	
TITLE OF INVENTION: C.	ASCADED CHARGE FUM	IP POWER SUPPI	.Y		CTORN a salesta della constitución della constituci	01 FC	372005 HDE C:1501 C:8001	1400.00 6.00	DA	0996639
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.163).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively.  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is					lt LLI		
Number is required.			<u> </u>	name will be p						
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in	an assignee is identified b 37 CFR 3.11. Completion	elow, no assignee	data will app	ear on the pai	tent. If a	ın essigr ıt.	see is identif	fied below, the	document has b	een filed fo
(A) NAME OF ASSIGN	EE	(E	) RESIDENO	CE: (CITY and	STATE	OR CO	UNTRY)			
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Please check the appropriate	assignee category or catego	ories (will not be pa	inted on the p	patent): 🛄	Individua	ı 🗖 c	orporation o	r other private g	roup entity 🚨	Governmen
4a. The following fce(a) are	enclosed:	41	Payment of	* *						
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			Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, Deposit Account Number 19-5113 (enclose an extra copy of this form).							mayment, b
5. Change in Entity Status	(from status indicated abov							status. See 37 (		ш/-
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the rec										above.
Authorized Signature	Sylva	=			Dat	S		er 22,		
Typed or printed name _	Max R. Wood			<b>-</b> .	Reg	pistration	No40	388		-
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Date:

September 22, 2005

From:

Sandra Touchette for Max R. Wood

Telephone:

(613) 780-8624

E-Mail:

stouchette@ogilvyrenault.com

To	Company	City	Facsimile
MAIL STOP ISSUE FEE Examiner: Minh T. NGUYEN Art Unit: 2816	United States Patent Office-Facsimile Centre	Alexandria, VA	571-273-2885

Re:

Application No.

09/966,391

Inventor(s):

Paul W. DEMONE

Title:

Cascaded Charge Pump Power Supply

In response to the Notice of Allowance dated June 23, 2005, attached hereto is the issue fee payment together with related documentation.





September 22, 2005

## Mail Stop Issue Fee

Commissioner for Patents
United States Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450
U.S.A.

Sir:

Re:

United States Patent Application No. 09/966,391

Title:

Cascaded Charge Pump Power Supply

Inventor:

Paul W. DEMONE

Assignee:

Mosaid Technologies Incorporated

Our File:

16319-106US

In response to the Notice of Allowance dated June 23, 2005, enclosed are the following documents in relation to the above-identified patent application:

1. Transmittal Form, PTO Form SB/21.

2. Issue Fee Transmittal form (in duplicate), covering payment of the issue fee (\$1400.00), and two printed copies of the issued patent (\$6.00).

The Commissioner is hereby authorized to charge the above-identified fees, any additional fees which may be required, or credit any overpayment to our Account No. 19-5113.

Respectfully submitted,

Max R. Wood, Reg. No. 40,388

Agent of Record MRW/st/Encis.

TRA	ANSMITTAL FORM  Il correspondence after Initial filling) Pages in This Submission 4	Application Number Filing Date First Named Inventor Art Unit Examiner Name Attorney Docket Number		Si	office; U.S. 09/9 eptemb Paul W. 2 Minh T	ough 07/31/2008. OMB 0651-0031  DEPARTMENT OF COMMERCE toless a valid OMB control number. 1666,391  DEMONE 2816  NGUYEN 9-106US
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	SIGNATURE	OF APPLICANT, ATT	ORNEY, C	OR AG	ENT	
Firm Name	OGILVY RENAULT LLP					
Signature	Mylon	<u> </u>				
Printed name	Max R. Wood					
Date	September 22, 2005 Reg. No. 40			40,3	88	
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